

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053067 (9)
1. Corporation Name
MOBILITY INDEPENDENT TRANSPORTATION SYSTEMS, INC

Principal Place of Business
9191 130TH AVENUE NORTH
LARGO FL 33773

Mailing Address
9191 130TH AVENUE NORTH
LARGO FL 33773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number ✓ 593452876		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29 Zip		30 Country	
9. Name and Address of Current Registered Agent GALietta, Peter J SR. 7862 SAILBOAT KEY BLVD. SO. UNIT #101 S. PASADENA FL 33707				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature types for personal name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETE	1.1 TITLE	Change	Addition
NAME	GALietta, Peter J SR.	<input type="checkbox"/>	1.2 NAME		
STREET ADDRESS	7862 SAILBOAT KEY BLVD. S. #101		1.3 STREET ADDRESS		
CITY - ST - ZIP	SO. PASADENA FL 33707		1.4 CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/>	2.1 TITLE	Change	Addition
NAME	JOHNSON, BRIAN		2.2 NAME		
STREET ADDRESS	5642 19TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL 33710		2.4 CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/>	3.1 TITLE	Change	Addition
NAME	GALietta, JUDITH ANN		3.2 NAME		
STREET ADDRESS	7862 SAILBOAT KEY BLVD. S. #101		3.3 STREET ADDRESS		
CITY - ST - ZIP	SO. PASADENA FL 33707		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/>	4.1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/>	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/>	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  PETER J. GALIETTA se 1/2/98 803 364 9214

CR2E034 (10/97)